

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/214277</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1						
2		1		1					
3		1		1					
4		3		3					
5		5		2					
6		5		2					
7	1		1						
8		1		1					
9		2		2					
10		2		2					
11		2		2					
12		2		2					
13	1		1						
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TOTAL IND.			4				TOTAL IND.		9
TOTAL DEP.			21				TOTAL DEP.		N/A
TOTAL CLAIMS			25				TOTAL CLAIMS		50